



Chronic Disease Self Management Program (CDSMP) Living Well Workshop Evaluation

Thank you for participating in this workshop! Please take a few minutes to answer the questions below to help us continue to improve.

Leader Names: _____

Workshop location: _____ Today's date: _____

Please circle the number that best shows how much you agree with these statements:

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1. Workshop was offered at a convenient time.	1	2	3	4	5
2. Workshop location met my needs.	1	2	3	4	5
3. Workshop sessions were well-organized.	1	2	3	4	5
4. Leaders were knowledgeable and effective.	1	2	3	4	5
5. Leaders respected group member's needs and differences.	1	2	3	4	5
6. I would recommend this workshop to others.	1	2	3	4	5
7. I now feel more confident in managing my health condition(s).	1	2	3	4	5
8. I will continue to use the self-management skills I learned in this workshop.	1	2	3	4	5

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9. How many sessions did you attend?

- ☐ All 6 sessions
- ☐ 5 sessions
- ☐ 4 sessions
- ☐ 3 or fewer sessions

If you missed any sessions, what was the reason?

- ☐ Illness
- ☐ Family issues
- ☐ Forgot
- ☐ Workshop did not meet my needs
- ☐ Other: _____

10. What did you like most about this workshop?

11. What would you change about this workshop?

Name (optional): _____